



CHAMPS

Associate a New Billing Agent & Authorize the 835/ERA

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

Contents

- Associate a billing agent
- Authorize a newly associated billing agent to receive the 835
- Remove the 835 authorization

Associate a billing agent

Associate a billing agent

- Providers must associate their billing NPI number in CHAMPS to the billing agent CHAMPS ID number
- Providers can have multiple billing agents associated to their billing NPI
- Only one billing agent can be authorized to receive the 835/Electronic Remittance Advice as the 835 is generated at the tax ID level

MILogin for Third Party

User ID

Password

LOGIN

Don't have an account?

SIGN UP

[Forgot your User ID?](#)[Forgot your password?](#)[Need Help?](#)


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- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar
- Enter your User ID and Password
- Click Login

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

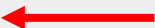
Home Page

 Your password will expire in **48** days

Access your applications by clicking on the application links below



Michigan Department of Health & Human Services (MDHHS)

CHAMPS 

- You will be directed to your MILogin Home Page
- Click the CHAMPS hyperlink

**MILogin resource links are listed at the bottom of the page*

The screenshot shows a web interface for Michigan.gov. At the top, there is a navigation bar with 'Michigan.gov' on the left and 'HELP' and 'CONTACT US' on the right. Below this, a dark banner contains 'MILogin for Third' and 'HOME REQUEST ACCESS'. A modal window titled 'Terms & Conditions' is centered on the screen. Inside the modal, the title 'CHAMPS' is followed by a section titled 'Terms & Conditions'. The text in this section states: 'The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms,'. At the bottom of the modal, there are two buttons: 'CANCEL' with a close icon and 'Acknowledge/Agree'. A red arrow points to the 'Acknowledge/Agree' button. The background of the website is dark with white text. At the bottom of the page, there is a footer with 'Michigan.gov', 'HOME | HELP | CONTACT US | POLICIES', and 'Copyright 2015-2017 State of Michigan'.

Michigan.gov

HELP CONTACT US

MILogin for Third

HOME REQUEST ACCESS

Hor

Your password will expire in 30 d

Access your applications by clicking on the a

MDHHS Michigan Department

CHAMPS

Michigan.gov

HOME | HELP | CONTACT US | POLICIES

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Terms & Conditions

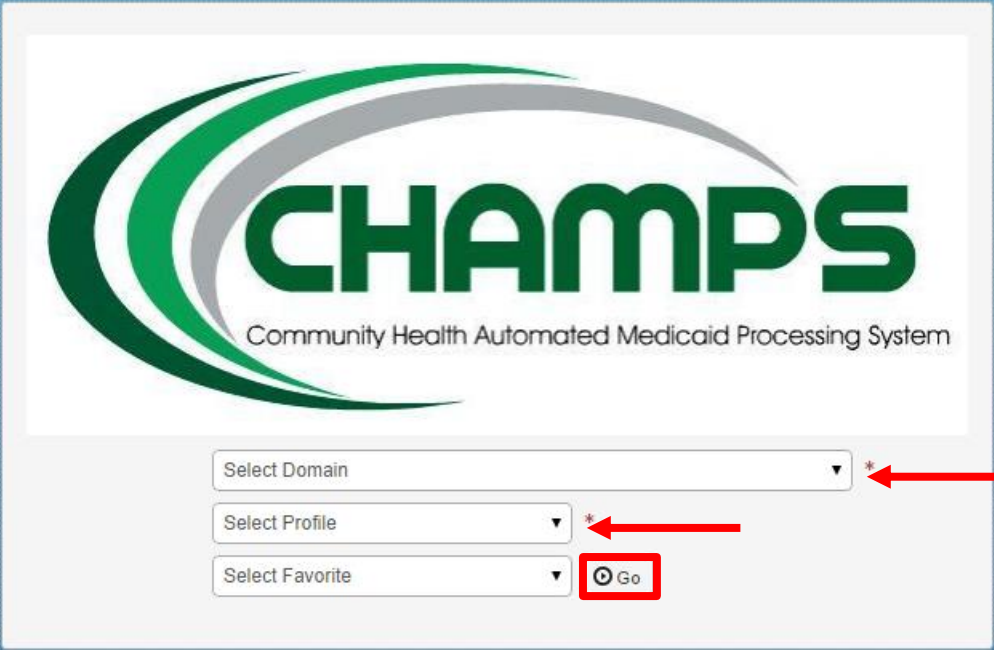
CHAMPS

Terms & Conditions

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms,

CANCEL ✕ Acknowledge/Agree

- Click Acknowledge/Agree to accept the Terms & Conditions to get into CHAMPS



The image shows the CHAMPS login interface. At the top is the CHAMPS logo, which consists of three green curved lines of increasing size to the right of the word "CHAMPS" in a bold, green, sans-serif font. Below the logo is the text "Community Health Automated Medicaid Processing System" in a smaller, black, sans-serif font. Below this text are three drop-down menus: "Select Domain", "Select Profile", and "Select Favorite". Each menu has a small downward arrow on its right side. To the right of the "Select Domain" menu is an asterisk (*). To the right of the "Select Profile" menu is another asterisk (*). Below the "Select Favorite" menu is a red square button with a white circular icon containing a right-pointing arrow and the text "Go". Two red arrows point to the asterisks: one from the right towards the "Select Domain" asterisk, and one from the right towards the "Select Profile" asterisk.

- Select the NPI from the Select Domain drop-down menu
- Select Provider Enrollment Access or CHAMPS Full Access from the Select Profile drop-down menu
- Click the Go button



NPI:

Name:



Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.



My Reminders

Filter By



Go

Save Filters

My Filters ▾



Alert Type



Alert Message



Alert Date



Due Date



Read



No Records Found !



Calendar



11:48 AM

12 January 2015
Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



Today



- Once logged in you will be directed to the Provider Portal page

CHAMPS My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Quick Find Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal

NPI: [Redacted] Name: [Redacted]

Latest updates

System Notification

Due to R9-6.5 Release, the CHAMPS system will be down between 7:00 PM Friday, December 16th through 6:00 AM Saturday, December 17th, 2016. This outage will affect the CHAMPS system access for all functionality.

PROVIDER ENROLLMENT

- New Enrollment ☆
- Track Application ☆

MANAGE PROVIDER

- Manage Provider Information ☆

My Reminders

Filter By [Dropdown] [Input] [Input] Read Status [Dropdown] [Go] Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read	Completed
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !

Calendar

09:36 11 April 2017 Tuesday

2017 April

Mo	Tu	We	Th	Fr	Sa	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

← Today →

- Select the Provider tab
- Select Manage Provider Information from the drop-down options

CHAMPS < My Inbox ▾ **Provider** ▾ Claims ▾ Member ▾ PA ▾

Quick Find Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Group Modification

NPI: Name:

Close Undo Update

View/Update Provider Data - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 2: Locations	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 4: Mode of Claim Submission/EDI Exchange	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 5: Associate Billing Agent	Required	01/01/1900	04/01/2014	Complete	Updated	
<input type="checkbox"/> Step 6: Provider Controlling Interest/Ownership Details	Required	04/06/2016	02/13/2014	Complete		
<input type="checkbox"/> Step 7: Associate MCO Plan	Optional	04/07/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 10: 835/ERA Enrollment Form	Required	01/01/1900	01/27/2015	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	04/06/2016	04/07/2016	Incomplete		
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	12/16/2016	04/07/2016	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Complete all the steps in numerical order by selecting the hyperlink
- For each step, make any necessary changes. Select, Close if no changes are needed and proceed to the next step
- For Step 4: Mode of Claim Submission – Select the hyperlink and continue to the next slide

NPI: Name:

Mode of Claim Submission List

Filter By And Filter By

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status
<input type="checkbox"/> Electronic Batch, CORE, Online Direct Data Entry (DDE), Paper	07/26/2010	05/27/2013	Approved	Active
<input type="checkbox"/> Electronic Batch, CORE, Billing Agent, Online Direct Data Entry (DDE), Paper	05/28/2013	12/31/2999	Approved	Active

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Mode of Claims Submission/EDI exchange

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.


EDI exchange

Method	Description	Applicable Transactions
<input checked="" type="checkbox"/> Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)	837P- Professional (FFS), 837I -Institutional(FFS), 837D -Dental(FFS), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
<input checked="" type="checkbox"/> CORE Batch	To upload/download HIPAA transactions using CORE Batch Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 835 Health Care Claim Payment/Advice
<input checked="" type="checkbox"/> CORE Real Time	To upload/download HIPAA transactions using CORE Real Time Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
<input checked="" type="checkbox"/> Billing Agent	To submit/receive HIPAA transactions through billing agent	837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter), 837D -Dental(FFS/Encounter), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 278/278- Prior Authorization Request/Response, 835- Healthcare Claim payment Advice

- Select the hyperlink with the most current date listed (example highlighted)
- The Mode of Claims Submission/EDI exchange dialog box will appear
- Click in each checkbox even if you will not use all modes of submission

Note: If you are a billing agent, the billing agent option will not appear

- Click Save
- Click Close



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NPI:
Name:

[Close](#)
[Undo Update](#)

View/Update Provider Data - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 2: Locations	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 4: Mode of Claim Submission/EDI Exchange	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 5: Associate Billing Agent	Required	01/01/1900	04/01/2014	Complete	Updated	
<input type="checkbox"/> Step 6: Provider Controlling Interest/Ownership Details	Required	04/06/2016	02/13/2014	Complete		
<input type="checkbox"/> Step 7: Associate MCO Plan	Optional	04/07/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 10: 835/ERA Enrollment Form	Required	01/01/1900	01/27/2015	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	04/06/2016	04/07/2016	Incomplete		
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	12/16/2016	04/07/2016	Incomplete		Modification Request has not been Submitted.


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- Select Step 5: Associate Billing Agent


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Group Modification

NPI:
Name:

Close
Add

Billing Agent List

Filter By And Filter By And Operational Status Active ▾ Go

Save Filters
My Filters ▾

Billing Agent ID ▲▼	Billing Agent Name ▲▼	Start Date ▲▼	End Date ▲▼	835 Auth. ▲▼	Auth. Start Date ▲▼	Auth. End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>		01/28/2014	12/31/2016	No			In Review	Active	
<input type="checkbox"/>		01/01/1972	12/31/2999	No			Approved	Active	
<input type="checkbox"/>		04/04/2008	12/31/2999	No			Approved	Active	
<input type="checkbox"/>		01/28/2014	12/31/2999	No			Approved	Active	
<input type="checkbox"/>		07/01/2013	12/31/2999	No			Approved	Active	
<input type="checkbox"/>		08/31/2004	11/30/2008	No			Approved	Active	
<input type="checkbox"/>		03/12/2014	12/31/2999	No			Approved	Active	

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- Current associated billing agent(s) will appear
- Select Add

CHAMPS

My Inbox Provider Claims Member PA

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https://milogintpdev.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

NPI: Name:

Manage Billing Agent Association

Enter Billing Agent ID and click "Confirm/Search Billing Agent"

Billing Agent ID: * Billing Agent Name:

Association Start Date: * Association End Date: *

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>		

Confirm/Search Billing Agent OK Cancel

Page ID: dlgAssocSubmitter(Provider)

- Enter the 7 digit CHAMPS Billing Agent ID
 - To review a list of enrolled billing agents select, Confirm/Search Billing Agent button
- Enter the Association Start Date - this cannot be back dated
- Enter the Association End Date - suggested 12/31/2999

CHAMPS

My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

https://milogintpdev.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

NPI: [redacted] Name: [redacted]

Manage Billing Agent Association

Enter Billing Agent ID and click "Confirm/Search Billing Agent"

Billing Agent ID: [redacted] * Billing Agent Name: [redacted]

Association Start Date: 04/11/2017 * Association End Date: 12/31/2999

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	[redacted]	[redacted]

Page ID: dlgAssocSubmitter(Provider)

Confirm/Search Billing Agent OK Cancel

125%

- Once all required information is complete click, Confirm/Search Billing Agent
- Click OK



NPI:

Name:

Close


+ Add

Billing Agent List

Filter By		And		Filter By		And Operational Status		Active		Go	
Billing Agent ID	Billing Agent Name	Start Date	End Date	835 Auth.	Auth. Start Date	Auth. End Date	Status	Operational Status	Inactivation Date		
▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼		
<input type="checkbox"/>		04/11/2017	12/31/2999	No			In Review	Active			
<input type="checkbox"/>		01/01/1972	12/31/2999	No			Approved	Active			
<input type="checkbox"/>		04/04/2008	12/31/2999	No			Approved	Active			
<input type="checkbox"/>		01/28/2014	12/31/2999	No			Approved	Active			
<input type="checkbox"/>		07/01/2013	12/31/2999	No			Approved	Active			
<input type="checkbox"/>		08/31/2004	11/30/2008	No			Approved	Active			
<input type="checkbox"/>		03/12/2014	12/31/2999	No			Approved	Active			

- Within Step 5: Associate Billing Agent, you will see your new billing agent listed with a status of, In Review
- Please do not submit files through this billing agent until the status is listed as, Approved
- Select Close

Note: Claims submitted by a Billing Agent on the Provider's behalf will reject when the Billing NPI is not associated to the Billing Agent


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Provider Portal
Group Modification

NPI:
Name:

Close
Undo Update

View/Update Provider Data - Group Practice


Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 2: Locations	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 4: Mode of Claim Submission/EDI Exchange	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 5: Associate Billing Agent	Required	04/11/2017	04/01/2014	Complete	Updated	
<input type="checkbox"/> Step 6: Provider Controlling Interest/Ownership Details	Required	04/06/2016	02/13/2014	Complete		
<input type="checkbox"/> Step 7: Associate MCO Plan	Optional	04/07/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 10: 835/ERA Enrollment Form	Required	01/01/1900	01/27/2015	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	04/06/2016	04/07/2016	Incomplete		
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	04/11/2017	04/07/2016	Incomplete		Modification Request has not been Submitted.

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- After completing Step 5: Associate Billing Agent, Modification Status will show as, Updated
- Proceed with the following steps in numerical order


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PA ▾

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Provider Portal
Group Modification

NPI:
Name:

Close
Undo Update

View/Update Provider Data - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 2: Locations	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 4: Mode of Claim Submission/EDI Exchange	Required	04/04/2008	04/04/2008	Complete		
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<input type="checkbox"/> Step 7: Associate MCO Plan	Optional	04/07/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	04/04/2008	04/04/2008	Complete		
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<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	04/06/2016	04/07/2016	Incomplete		
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	04/11/2017	04/07/2016	Incomplete		Modification Request has not been Submitted.

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- Make sure to complete steps 11 and 12 in order to submit the modification for review
- Prior to authorizing the newly associated billing agent to receive the 835, the modification needs to be submitted for approval

Authorize newly associated billing agent to receive 835

Steps within CHAMPS to add the 835 authorization to
an associated billing agent

CHAMPS My Inbox Provider Claims Member PA

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Provider Portal

NPI: Name:

PROVIDER ENROLLMENT

- New Enrollment
- Track Application

MANAGE PROVIDER

- Manage Provider Information

System Notification

Due to R9-6.5 Release, the CHAMPS system will be down between 7:00 PM Friday, December 16th through 6:00 AM Saturday, December 17th, 2016. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By Read Status Go Save Filters My Filters

Alert Type	Alert Message	Alert Date	Due Date	Read	Completed
No Records Found !					


Calendar

09:36 11 April 2017 Tuesday

2017 April

Mo	Tu	We	Th	Fr	Sa	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
Today						

- Once the modification has been approved, log back into CHAMPS
- Click the Provider tab
- Select Manage Provider Information


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Provider Portal
Group Modification

NPI:
Name:

Close
Undo Update

View/Update Provider Data - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	04/06/2016	04/07/2016	Complete		
Step 2: Locations	Required	04/06/2016	04/07/2016	Complete		
Step 3: Specialties	Required	04/04/2008	04/04/2008	Complete		
Step 4: Mode of Claim Submission/EDI Exchange	Required	04/04/2008	04/04/2008	Complete		
Step 5: Associate Billing Agent	Required	04/11/2017	04/12/2017	Complete		
Step 6: Provider Controlling Interest/Ownership Details	Required	04/11/2017	02/13/2014	Complete		
Step 7: Associate MCO Plan	Optional	04/07/2016	04/07/2016	Complete		
Step 8: Taxonomy Details	Required	04/04/2008	04/04/2008	Complete		
Step 9: View Servicing Provider Details	Optional	04/04/2008	04/04/2008	Complete		
Step 10: 835/ERA Enrollment Form	Required	01/01/1900	01/27/2015	Complete		
Step 11: Complete Modification Checklist	Required	04/11/2017	04/12/2017	Incomplete		
Step 12: Submit Modification Request for Review	Required	04/11/2017	04/12/2017	Complete		

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- Step 5 will now show complete along with a current modification date
- Click into Step 5 in order to authorize the billing agent to receive the 835



NPI:

Name:



Billing Agent List

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Billing Agent ID ▲▼	Billing Agent Name ▲▼	Start Date ▲▼	End Date ▲▼	835 Auth. ▲▼	Auth. Start Date ▲▼	Auth. End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>		04/01/2017	12/31/2999	No			Approved	Active	
<input type="checkbox"/>		01/01/1972	12/31/2999	No			Approved	Active	
<input type="checkbox"/>		04/04/2008	12/31/2999	No			Approved	Active	
<input type="checkbox"/>		01/28/2014	12/31/2016	No			Approved	Active	
<input type="checkbox"/>		07/01/2013	12/31/2999	No			Approved	Active	
<input type="checkbox"/>		08/31/2004	11/30/2008	No			Approved	Active	
<input type="checkbox"/>		03/12/2014	12/31/2999	No			Approved	Active	

- The newly added billing agent will now have an approved status
- To add the 835 authorization click the Billing Agent ID hyperlink

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Quick Find Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Group Modification

NPI: Name:

Close Save

Manage Billing Agent Association

Billing Agent ID: Billing Agent Name:

Association Start Date: 04/01/2017 * Association End Date: 12/31/2999

Status: In Review

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>		

- Click the check box to authorize the selected billing agent to receive the 835 for your Tax ID

CHAMPS

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Provider Portal > Group Modification

NPI: Name:

Close Save

Manage Billing Agent Association

Billing Agent ID: Billing Agent Name:


Association Start Date: 04/01/2017 * Association End Date: 12/31/2999

Status: In Review

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input checked="" type="checkbox"/>	04/13/2017	12/31/2999 X

- Enter the start date for the selected billing agent to receive the 835
 - Note:** The start date can NOT be back dated
- Enter the end date (ex. 12/31/2999)
- Click Save


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Provider Portal
Group Modification

NPI:
Name:

Close Add

Billing Agent List

Filter By ▾
And
Filter By ▾
And Operational Status
Active ▾ Go
Save Filters
My Filters ▾

Billing Agent ID ▲▼	Billing Agent Name ▲▼	Start Date ▲▼	End Date ▲▼	835 Auth. ▲▼	Auth. Start Date ▲▼	Auth. End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>		04/01/2017	12/31/2999	Yes	04/13/2017	12/31/2999	In Review	Active	
<input type="checkbox"/>		01/01/1972	12/31/2999	No			Approved	Active	
<input type="checkbox"/>		04/04/2008	12/31/2999	No			Approved	Active	
<input type="checkbox"/>		01/28/2014	12/31/2016	No			Approved	Active	
<input type="checkbox"/>		07/01/2013	12/31/2999	No			Approved	Active	
<input type="checkbox"/>		08/31/2004	11/30/2008	No			Approved	Active	
<input type="checkbox"/>		03/12/2014	12/31/2999	No			Approved	Active	

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- The Billing Agent List screen will now show the 835 authorization start and end dates for the selected billing agent
- The status will be in review until the entire provider modification record is submitted

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Group Modification

NPI:

Name:

Close

Undo Update

View/Update Provider Data - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	04/06/2016	04/07/2016	Complete		
Step 2: Locations	Required	04/06/2016	04/07/2016	Complete		
Step 3: Specialties	Required	04/04/2008	04/04/2008	Complete		
Step 4: Mode of Claim Submission/EDI Exchange	Required	04/04/2008	04/04/2008	Complete		
Step 5: Associate Billing Agent	Required	04/11/2017	04/01/2014	Complete	Updated	
Step 6: Provider Controlling Interest/Ownership Details	Required	04/06/2016	02/13/2014	Complete		
Step 7: Associate MCO Plan	Optional	04/07/2016	04/07/2016	Complete		
Step 8: Taxonomy Details	Required	04/04/2008	04/04/2008	Complete		
Step 9: View Servicing Provider Details	Optional	04/04/2008	04/04/2008	Complete		
Step 10: 835/ERA Enrollment Form	Required	01/01/1900	01/27/2015	Complete		
Step 11: Complete Modification Checklist	Required	04/06/2016	04/07/2016	Incomplete		
Step 12: Submit Modification Request for Review	Required	04/11/2017	04/07/2016	Incomplete		Modification Request has not been Submitted.

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- Step 5: Associate Billing Agent, will show as, Updated
- Proceed with the following steps in numerical order


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Provider Portal
Group Modification

NPI:
Name:

Close
Undo Update

View/Update Provider Data - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 2: Locations	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 4: Mode of Claim Submission/EDI Exchange	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 5: Associate Billing Agent	Required	04/11/2017	04/01/2014	Complete	Updated	
<input type="checkbox"/> Step 6: Provider Controlling Interest/Ownership Details	Required	04/06/2016	02/13/2014	Complete		
<input type="checkbox"/> Step 7: Associate MCO Plan	Optional	04/07/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 10: 835/ERA Enrollment Form	Required	01/01/1900	01/27/2015	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	04/06/2016	04/07/2016	Incomplete		
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	04/11/2017	04/07/2016	Incomplete		Modification Request has not been Submitted.

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- Make sure to complete steps 11 and 12 in order to submit the modification for review
- Prior to authorizing the newly associated billing agent to receive the 835, the modification needs to be submitted for approval

Remove the 835 Authorization

CHAMPS My Inbox Provider Claims Member PA

Quick Find Note Pad External Links My Favorites Print Help

Provider Portal

NPI: [redacted] Name: [redacted]

Latest updates

System Notification

Due to R9-6.5 Release, the CHAMPS system will be down between 7:00 PM Friday, December 16th through 6:00 AM Saturday, December 17th, 2016. This outage will affect the CHAMPS system access for all functionality.

PROVIDER ENROLLMENT

- New Enrollment
- Track Application

MANAGE PROVIDER

- Manage Provider Information

My Reminders

Filter By [dropdown] [input] Read Status [dropdown] Go Save Filters My Filters

Alert Type	Alert Message	Alert Date	Due Date	Read	Completed
No Records Found !					


Calendar

09:36 11 April 2017 Tuesday

2017 April

Mo	Tu	We	Th	Fr	Sa	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
Today						

- Once the modification has been approved, log back into CHAMPS
- Click the Provider tab
- Select Manage Provider Information


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Provider Portal > Group Modification

NPI:
Name:

Close
Undo Update

View/Update Provider Data - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 2: Locations	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 4: Mode of Claim Submission/EDI Exchange	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 5: Associate Billing Agent ←	Required	01/01/1900	04/01/2014	Complete	Updated	
<input type="checkbox"/> Step 6: Provider Controlling Interest/Ownership Details	Required	04/06/2016	02/13/2014	Complete		
<input type="checkbox"/> Step 7: Associate MCO Plan	Optional	04/07/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 10: 835/ERA Enrollment Form	Required	01/01/1900	01/27/2015	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	04/06/2016	04/07/2016	Incomplete		
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	12/16/2016	04/07/2016	Incomplete		Modification Request has not been Submitted.

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- Select Step 5: Associate Billing Agent

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Provider Portal > Group Modification

NPI: Name:

Close Add

Billing Agent List

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Billing Agent ID ▲▼	Billing Agent Name ▲▼	Start Date ▲▼	End Date ▲▼	835 Auth. ▲▼	Auth. Start Date ▲▼	Auth. End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
[Red Arrow]		04/01/2017	12/31/2999	Yes	04/13/2017	12/31/2999	Approved	Active	
[Blue]		01/01/1972	12/31/2999	No			Approved	Active	
[Blue]		04/04/2008	12/31/2999	No			Approved	Active	
[Blue]		01/28/2014	12/31/2016	No			Approved	Active	
[Blue]		07/01/2013	12/31/2999	No			Approved	Active	
[Blue]		08/31/2004	11/30/2008	No			Approved	Active	
[Blue]		03/12/2014	12/31/2999	No			Approved	Active	

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- Current associated billing agent(s) will appear
- Select the Billing Agent ID hyperlink who is currently authorized

CHAMPS

My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Quick Find Note Pad External Links ▾ My Favorites ▾ Print Help

https://milointpdev.michigan.gov/ - Welcome to MMIS - Internet Explorer

NPI: [redacted] Name: [redacted]

Manage Billing Agent Association


Enter Billing Agent ID and click "Confirm/Search Billing Agent"

Billing Agent ID: [input] * Billing Agent Name: [input]
Association Start Date: [input] * Association End Date: [input]

Authorized Transaction Responses

Transaction Response	End Date
X12 835 - Healthcare Claim Status	[input]

Message from webpage

 The 835 Authorization is already on file and assigned to [redacted] by the provider


OK

LOADING...

Confirm/Search Billing Agent OK Cancel

Page ID: dlgAssocSubmitter(Provider)

- A pop-up box will display
- Click OK to close box

 < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾ >

Quick Find | Note Pad | External Links ▾ | My Favorites ▾ | Print | Help

Provider Portal > Group Modification

Close Save

Manage Billing Agent Association

Billing Agent ID: [redacted] Billing Agent Name: [redacted]


Association Start Date: 01/28/2014 * Association End Date: 12/31/2999

Status: Approved

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input checked="" type="checkbox"/>	01/28/2014	12/31/2999

- Uncheck Authorized to remove previous billing agent
- Click Save


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Close
Save

Manage Billing Agent Association

Billing Agent ID:
Billing Agent Name:

Association Start Date: 01/28/2014 *
Association End Date: 12/31/2999

Status: In Review

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	 	

- After authorization is removed the start and end dates for the 835 will no longer show
- Click Close

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Quick Find Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Group Modification

Close Add


Billing Agent List


Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Billing Agent ID	Billing Agent Name	Start Date	End Date	835 Auth.	Auth. Start Date	Auth. End Date	Status	Operational Status	Inactivation Date
		03/14/2016	12/31/2999	No			In Review	Active	
		03/14/2016	12/31/2999	Yes	03/14/2016	12/31/2999	Approved	Active	
		03/14/2016	12/31/2999	No			Approved	Active	

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- There will be a segment that shows the 835 Auth. as No; with a Status of, In Review
- Click Close
 - Note:** Even though the 835 is no longer going to the billing agent, the billing agent will remain associated to the provider


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Member ▾
PA ▾


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Provider Portal
Group Modification

NPI:
Name:

Close
Undo Update

View/Update Provider Data - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 2: Locations	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 4: Mode of Claim Submission/EDI Exchange	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 5: Associate Billing Agent	Required	04/11/2017	04/01/2014	Complete	Updated	
<input type="checkbox"/> Step 6: Provider Controlling Interest/Ownership Details	Required	04/06/2016	02/13/2014	Complete		
<input type="checkbox"/> Step 7: Associate MCO Plan	Optional	04/07/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 10: 835/ERA Enrollment Form	Required	01/01/1900	01/27/2015	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	04/06/2016	04/07/2016	Incomplete		
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	04/11/2017	04/07/2016	Incomplete		Modification Request has not been Submitted.

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- Step 5: Associate Billing Agent, will show as Updated
- Proceed with the following steps in numerical order



NPI:

Name:

Close

Undo Update



View/Update Provider Data - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 2: Locations	Required	04/06/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 4: Mode of Claim Submission/EDI Exchange	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 5: Associate Billing Agent	Required	04/11/2017	04/01/2014	Complete	Updated	
<input type="checkbox"/> Step 6: Provider Controlling Interest/Ownership Details	Required	04/06/2016	02/13/2014	Complete		
<input type="checkbox"/> Step 7: Associate MCO Plan	Optional	04/07/2016	04/07/2016	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	04/04/2008	04/04/2008	Complete		
<input type="checkbox"/> Step 10: 835/ERA Enrollment Form	Required	01/01/1900	01/27/2015	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	04/06/2016	04/07/2016	Incomplete		
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	04/11/2017	04/07/2016	Incomplete		Modification Request has not been Submitted.

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- Make sure to complete steps 11 and 12 in order to submit the modification for review

Resources

- Trading Partner Resources
 - [Michigan Department of Health & Human Services- Trading Partners](#)
 - [HIPAA Companion Guides](#)
 - [Electronic Submission Manual](#)
- For electronic file submission and 835/ERA inquiries
 - automatedbilling@Michigan.gov
- For encounter file inquiries
 - MDHHSEncounterData@Michigan.gov
- Provider Support
 - www.michigan.gov/medicaidproviders
 - ProviderSupport@Michigan.gov or 1-800-292-2550
- Medicaid Training Requests and scheduled virtual trainings
 - [Training Requests](#)